

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048624

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12567

STATE FILE NUMBER

FILED JAN 10 1963

VS 300
Rev. 4/59

1
2 2059
3
4 2
5 0
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7 1
8 2
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11
1257-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Community HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 5592 EtzelReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Proddie

Middle

Nolan

Last

4. DATE
OF
DEATH

Month 12

Day 26

Year 62

5. SEX

M

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/12/97

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Custodian

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Belvin Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dee Nolan

13b. MOTHER'S MAIDEN NAME

Belle Carmon

14. NAME OF HUSBAND OR WIFE

Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

World War #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Curry Carmon 4620 Anderson St.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Esophagus (middle 1/3)

INTERVAL BETWEEN
ONSET AND DEATH

3 mos.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

150X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Broncho-Pleural Fistula

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 4, 1959 to 12/26/62 and last saw her alive on 12/26/62
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lillian L. Bond M.D.

22b. ADDRESS

5805 Easton

22c. DATE SIGNED

12/28/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

1/2/63

23c. NAME OF CEMETERY OR CREMATORY

National

23d. LOCATION (City, town, or county)

Jefferson Barracks

24. FUNERAL DIRECTOR

ADDRESS

Grant Johnson 2615a Marcus Ave.

25. DATE RECD. BY LOCAL REG.

DEC 31 1962

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Selmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.